



9th Annual

Bucky's Race

for Rehab

5k run/2 mile walk

Sponsored by the University of Wisconsin Physical Therapy Program

Sunday May 4, 2008 - UW Natatorium

Registration starts at 9:30 AM; Race starts at 11:00 AM

Race Information

The race begins at the UW Natatorium (2000 Observatory Drive, Madison, WI)

Both the run/walk courses follow the Lakeshore bike path

Parking is available across from the Natatorium near the UW School of Veterinary Medicine

Registration Information

Pre-register by April 25th to guarantee t-shirt size

Registration available online at Active.com or mail this form and payment by April 25th

Day of race registration also available starting at 9:30 AM

Entry Fees

\$13 for pre-registration

\$16 day of race

Prizes & Raffle

Prizes for top male and female finisher

T-shirts and goody bags for all participants

Great raffle prizes immediately following the race

Proceeds

All proceeds will benefit MEDIC, a system of free student-run health care clinics in Madison

For more information contact: buckyrace@gmail.com

<http://www.orthorehab.wisc.edu/physical-therapy/raceforrehab/index.shtml>

NAME _____

ADDRESS _____

EMAIL ADDRESS _____

EVENT (circle) 5K RUN 2 MILE WALK

AGE _____

SEX M F

PHONE _____

T-SHIRT SIZE _____

S M L XL

WAIVER: In consideration of my participation in "Bucky's Race for Rehab" on May 4, 2008, I hereby release and discharge, indemnify and hold harmless, the Board of Regents of the University of Wisconsin System, its officers, employees and agents, the University of Wisconsin-Madison, the Physical Therapy Department and all other sponsors from any liability for damage to or loss of personal property, sickness and injury from whatever source, legal entanglements, imprisonment, death, loss of money, etc., which might occur while participating in this activity. I understand that participation in this activity is strictly voluntary. Specifically, I release said persons from any liability or responsibility for my physical condition, for the condition or selection of the location and for the presence or actions of any other participants. I am aware of the risks of participation, which include the possibility of strained muscles, sprained ligaments, broken bones and fatigue. I also attest and verify that I am physically fit to participate in this activity. I understand that the University does not provide blanket medical coverage to the participant in this event.

Signature (parent/guardian if participant is under the age of 18)

Date

Mail form and registration fee (\$13) payable to Phi Theta by April 25th:
Phi Theta, 1300 University Ave., Room 5175, Madison, WI, 53705